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Recommended Citation

Harvey, Michelle, ""They Need to Understand How to Educate Her": The Parent Experience in Special Education" (2011). *CMC Senior Theses*. Paper 190.
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CLAREMONT McKENNA COLLEGE

**“THEY NEED TO UNDERSTAND HOW TO EDUCATE HER”:
THE PARENT EXPERIENCE IN SPECIAL EDUCATION**

SUBMITTED TO

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AND DEAN GREGORY HESS

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FOR SENIOR THESIS

2010-2011

“They Need to Understand How to Educate Her”:

The Parent Experience in Special Education

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Abstract

This study attempted to improve upon previous qualitative research by conducting a large scale, quantitative study on the parental experience in special education. 76 parents of children receiving special education services were surveyed regarding their communication with school personnel, the focus of their child's education, involvement in the IEP meeting, and satisfaction. It was found that parental perception of involvement did not predict active IEP involvement, more communication with school personnel, more satisfaction with services received, or the belief the child is benefiting. An active role in the IEP meeting, though, did predict more satisfaction with the last IEP meeting, more satisfaction with the time the child spends in the educational setting, and the parent believing the child is benefiting. Other findings include the focus of the child's education changing depending on the age of the child, and that leading the IEP discussion has no relationship to perceived parental involvement or active IEP involvement. Conclusions can be made that parental perception does not result in what is actually happening and that an active parental role in the IEP meeting benefits the child the most.

“They need to understand how to educate her”:

The parent experience in special education

Introduction

History of Special Education

Before 1975, the education of children with special needs was very different than what we know as special education today. Parents in the 1960s and early 1970s were often told to ship their children off to large, state-run institutions, with horrible conditions in which visitors often found their family members naked, malnourished, and living in unsanitary conditions (Bursztyn, 2007). Then in 1975, the Education for All Handicapped Children Act (EAHCA) required public schools to provide education to handicapped children (Katzman, Gandhi, Harbour, & LaRock, 2005). This resulted in the addition of over 650,000 students to the United States’ educational system (Katzman et al., 2005), as well as the idea that children with special needs deserved an education, regardless of their abilities. As the situation of children with special needs improved, in 1990 the EAHCA was renamed the Individuals with Disabilities Education Act (IDEA) and was reauthorized to provide students with special needs a public education in the “least restrictive environment (LRE)” (Katzman et al, 2005).

The idea of the LRE meant that students requiring special needs are to be educated with their peers as often as possible. In addition to being integrated into the classroom setting, this also means attending the neighborhood school so as to socialize with peers and friends from home (Bursztyn, 2007). Growing out of this idea of the LRE is the idea of inclusion. While not an enacted law, inclusion is a constant theme in today’s special education system. Children with special educational needs are to be

educated as close to the general education environment as possible while still addressing the needs appropriate to the child. As a follow up to IDEA, No Child Left Behind, passed in 2001, addressed special education students by stipulating that school district's are permitted to establish alternative educational standards for only 1% of it's students (Bursztyn, 2007). This further encouraged the concept of inclusion and integration of special education students with their non-disabled peers.

In order to achieve the inclusion of the child in the LRE, all children receiving special education services undergo a meeting known as the Individualized Education Plan (IEP) meeting. The IEP meeting is potentially the pivotal event in determining a child's educational plan and needs. The IEP meeting is mandated by IDEA with the intent to bring together all individuals involved with the child's education (teachers, resource specialists, principals, counselors/school psychologists, parents, etc.) to develop an educational plan taking into account the child's needs in delivering instruction in the LRE (Fish, 2008). The child is of course included in this process when appropriate, yet due to the questions of age, severity of disability, and awareness level of his or her needed educational services, this paper will focus on familial involvement from just the parent's perspective.

The EAHCA was also the first law to require the involvement of the parents or legal guardian in the child's education by requiring their presence at IEP meetings (Bursztyn, 2007). This new partnership between the schools and parents of children with special needs challenged the view of the schools as "experts" in special education and allowed the parents to take more control of their child's education. Thirty years ago, Polifka (1981) concluded that even though the law had been in effect for a couple of

years, parents still needed to be more involved in deciding their child's educational plan as well as having more input in the making of IEPs. In more recent years, in spite of the legal requirement and the finding that parent participation does lead to positive educational outcomes for the child (Spann, Kohler, & Soenksen, 2003), the majority of parents are often still less involved than other parents, or not taking an active role in their child's education (Katzman et al, 2005; Esquivel, Ryan, and Bonner, 2008). This could be due to a number of reasons, including educators dominating the decision-making process (Turnbull & Turnbull, 1997), parents feeling educators did not listen to them (Pruitt, Wandry, & Hollums, 1998), or families not being given choices (Spann et al., 2003). These frustrations are a common expression in families of children in special education, which begs the question of what kind of parent is having success in overcoming these frustrations, and what kind of role does the parent need to play in the special education process in order for the school to understand how to educate his or her child? The goal of this study is to expand upon previous research by exploring the experience of the parent in the special education process in the following categories by using a large scale, quantitative method.

Age-Dependant Focus of Education

Parents of children with special needs experience different educational issues as their child goes from elementary school to middle school to high school. In a study on early childhood education, Vakil, Welton, O'Conner, and Kline (2009) promote inclusion for young children with Autism as an educational strategy. The most effective practices used by early childhood educators were shown to be direct instruction of social skills, social stories, prompts, and role-playing – all strategies involving interaction with peers.

Once in high school, however, inclusion seems to become less of a priority as it becomes the school's role to teach life-skills for the child's transition to life after high school (Brown et al., 1983). Westling and Floyd (1990) reported it more effective to teach the skill in an actual community environment than in a simulated classroom environment, implying it necessary to remove the child from the classroom and school. Hughes et al. (1999), however, showed that previous social skills training proved ineffective in high school students. After observing the high school lunch periods of 12 children at one school, it was found that scarce social interaction occurred during lunch between students with disabilities (in the case of this study, mental retardation) and those without, implying that simple physical inclusion will not lead to social inclusion and acceptance among peers. It is evident that social interaction is still a skill needing instructional time in high school special needs classes in addition to life-skills instruction. These more specific studies support Jenkinson's (1998) broad conclusion based on parent responses that as the child transitions between grade levels, their curriculum needs change and adapt to the academic and maturity levels the child has reached.

IEP Meetings

Ideally the IEP meeting is meant to be an equal-partner collaborative process between the parent, child (if applicable), and school. This is not always the case as several factors can lead to parental dissatisfaction with IEP meetings. Fish (2008) and Esquivel et al. (2008) studied perceptions of involved parents of children receiving special education services. The Esquivel et al. study included 9 parents responding to open-ended survey questions, while the Fish survey included 51 parents responding to 32 Likert-type scale questions and 2 open-ended responses, implying mainly qualitative

analysis for both studies. Parents were found to be more satisfied with the IEP meetings when they felt treated as equal decision makers by the school personnel, when they felt their input was valued, when they were included in the planning of an intervention, and when they understood and were aware of the IEP process. Factors negatively affecting parental satisfaction with IEP meetings involved educators making decisions before the meeting took place and filling out forms before the meeting as well.

Parent satisfaction with IEP meetings as well as other areas of the child's education can be influential factors in determining the parent's level of involvement. (Meyers & Blacher, 1987; Saint-Laurent & Fournier, 1993). Saint-Laurent and Fournier (1993) concluded that the progress the student makes in behavioral outcomes is more correlated with the degree of parental satisfaction than is academic progress. Therefore, behavioral improvement is associated with parental satisfaction. In general, studies find that the majority of parents are satisfied with their child's education (Leiter & Krauss, 2004; Meyers & Blacher, 1987; Saint-Laurent & Fournier, 1993; Polifka, 1981; Bitterman et al., 2008), so ideally the majority of children should be making behavioral improvements based on the Saint-Laurent and Fournier (1993) finding that satisfaction is correlated with behavioral outcomes. Meyers & Blacher (1987) found though that neither communication nor involvement correlated with satisfaction or benefits, but that satisfaction did correlate with benefits. Therefore, if most parents are satisfied with their child's education, they believe their child is benefiting from it.

Communication

Parental communication with school personnel can occur through several venues: at IEP meetings, daily interaction when dropping the child off or picking them up,

parent/teacher conferences to discuss the child's progress, etc. Asprey and Nash (2006) found that communication between parents/families and teachers/aides must occur for there to be a high level of awareness about the child and medical condition, but many parents don't experience frequent or quality communication.

Fontaine, Zijlstra, and Vlaskamp (2008) examined the use and function of communication logs, defined as a notebook that accompanies the child to and from school, giving both the parent, teacher, and other instructional aides the chance to write in it. Communication logs are often useful when the child is nonverbal and/or has trouble communicating. 67% of all topics discussed in the logs fell in the category of "exchanging experiences." Very few requests were made through the log, but only 1/3 of the requests that did occur were responded to. Also, teachers accounted for 61% of the topics identified, with parents accounting for 30%, implying that parents write half as much as teachers do. This could be considered a lack of involvement, or that it is the responsibility of the teacher to identify what needs to be discussed. Ideally a collaborative process, the communication log can either help facilitate discussion between parties or lead to tension for those that prefer different methods of communication.

McCarney (1986) studied the communication preferences of parents and teachers, and found that there was no relationship between the severity of the child's disability or their age and the responses of the parents or teachers. Teachers preferred to communicate at IEP meetings and parent-teacher conferences, whereas parents preferred to communicate via open house at school, report cards, notes sent from the teacher to the parent with the student, parent classroom observations, and parent drop-in meetings with

the teacher. While teachers preferred methods of communication that are required, parents tended to prefer more informal and unplanned methods of communication, implying more of an openness and willingness to communicate outside of the IEP meeting.

Methodology of previous literature

Many studies that attempt to analyze varying aspects of the parent experience in special education and IEP meetings are based on qualitative data and case studies. Meyers and Blacher (1987) coded 2-6 hours long interviews with parents. Goepel (2009) interviewed four children and their parents and teachers using open-ended responses. Coots (2007) listened to families explain their child's educational situation in order to understand trends in parent participation. Spann et al. (2003) spoke with parents in a family support group, while Stoner et al. (2005) interviewed four married couples with children with Autism Spectrum Disorder. Although making the argument that multiple case studies such as these allow for deeper understanding based on thorough descriptions and clarifications, this type of data analysis does not allow for generalizability across multiple disabilities, various age groups, different school districts, and different family backgrounds. Bigger sample sizes and more quantitative analysis allow for the results to be applied across the entire nation and all sorts of disabilities and age groups.

Little research, though, has combined the effectiveness of active parent participation and the differing degrees of involvement discussed here: communication with school personnel, the age dependant focus of the child's education, the parent's involvement at IEP meetings, and their satisfaction with various aspects of their child's education. The goal of this study is to use quantitative data to gain an understanding of

the parental experience in a broad range of special education categories, ages, and geographical regions while looking at participation in the IEP meeting, communication with school personnel, the perception the parent has of his or her involvement, the focus of the curriculum of the child, and the parent's satisfaction with their child's education.

Method

Participants

Participants were 76 parents or care providers of disabled children ages 3 – 21 that are receiving special education services. Participants were asked to complete an online survey that was a combination of original questions and previously used questions from research done in this area. It is important to note that while the participant is an adult, the questions asked pertain to their child, therefore unless otherwise noted, the frequencies of various items refer to the child. Participants were recruited primarily through online listservs of parent support groups for various disabilities. In an effort to gain a wide range of disabilities of participants, the following support groups were contacted: OurSpecialNeedsChildren, OURKIDS, Angelman Syndrome Listserv, Autism-Aspergers, Parenting Autism, Down Syndrome, ADD/ADHD Parents, Children with ADHD, DyslexiaSupport, and Parents of Deaf and Hard of Hearing, although responses were not received from every group. The survey was also distributed by word of mouth through the researcher's contacts and via a "snowball effect" as participants passed the link to the survey on to other parent's and caregiver's support groups in which they are members.

Procedure and Measures

Participants were either emailed the link or clicked on it from an Internet posting. Using an online survey allowed for the widest range of parents, disabilities, and geographic areas to be reached. The survey took anywhere from 15 minutes to 1 hour to complete. The wide range of time accounts for the survey questions being in mostly multiple-choice format, with an option for selecting “other” and a blank text box for elaborating on an answer that may not fall into a given category. Those that wrote more in the “other” options took longer to complete the survey. The range of time also takes into account that the survey allowed for participants to skip over questions that did not pertain to their situation. For example, those that did not have a general education teacher skipped over the questions pertaining to the general education teacher.

The survey consisted of four main categories of questions: demographics of the parent and child, parental priorities, IEP involvement, and communication. The goal of the demographics section was to gain general information on the educational services provided to the child. The parental priorities section questioned what the parent wants for his or her child. Sample questions include “What would you say is your focus of your child’s education?” and “Do you believe your child is benefiting from the educational services he or she is receiving?” The communication section questions the frequency, nature, and method of communication that the parent has with various school personnel. Lastly, the IEP involvement section aims to gain a sense of how involved the parent is in the IEP process, with sample questions including “What was the general nature of the last IEP meeting concerning your child?” and “How frequently do you attend the IEP meetings for your child?”

For analysis purposes, the “parental perception of involvement” variable refers to the answer the participant gave to the question, “Overall, how involved are you with your child’s education on a scale of 1(not involved at all) to 7 (very involved)?” This measure, left ambiguous on purpose, is meant to acquire a general idea of how involved the parent or caregiver perceives himself or herself to be in the child’s education in a broad sense, without specifying a definition of involvement.

In the IEP involvement section, there is a subset of questions that involve participants rating their level of agreement with 10 given statements. It has been found that Likert scales are most reliable and valid when the number of response options is between four and seven (Lozano, Garcia-Cueto, & Muniz, 2008). Therefore, the Likert scale in this study will range from *strongly disagree* (1) to *strongly agree* (7). Sample questions include “I offered information about my child and how he/she learns best,” “I expressed what services I would like my child to receive,” and “I did not communicate the concerns I had during the IEP meeting.” To increase the validity of the study, the last item mentioned here (item 8 on the survey), as well as items 2, 4, and 5 were reverse coded. The average of these ten items (after reverse coding) determines the participants “IEP involvement score,” which is an effort to gain an idea of the level of the participant’s active participation in the IEP meeting. The scale had a Cronbach’s alpha of 0.79, showing a moderate to high level of internal consistency.

The full survey appears in the appendix.

Results

The participants taking the survey were 93% female, 92% white, and 95% were the biological parent of the child. 42% held a graduate degree, while 79% were married.

As seen in Table 1, 88.2% ($n=67$) of the children included in the survey were White, 5.3% ($n=4$) were Hispanic/Latino, and 2.6% ($n=2$) were American Indian/Alaska Native with 1.3% ($n=1$) being Black/African American. 56.6% ($n=43$) of children were male, and 43.4% ($n=33$) were female. Children enrolled in public school accounted for 84.2% ($n=64$) of participants, and 9.2 % ($n=7$) were enrolled in private school. As mandated under IDEA, to receive special education services a child must be diagnosed in one of thirteen categories (Winzer, 1993), as seen in Table 2. For purposes of this study, the category “Multiple Disabilities” includes parents that checked “Multiple Disabilities” as well as those that checked multiple categories out of the thirteen provided. Common medical diagnoses included ADHD, Down Syndrome, Angelman Syndrome, Autism and Asperger’s Disorder, Anxiety, CDG, Cerebral Palsy, and Seizure Disorders. Differing educational situations occurred across the participants (see Table 1). Over half of the participants had children either in a mainstreamed environment (spending part of the day in a special education classroom, and spending part of the day in a general education environment) or in a self-contained special education classroom. Other services being received by participants included speech therapy (72.4%, $n=55$), occupational therapy (65.8%, $n=50$), and physical therapy (43.4%, $n=33$), as seen in Table 1.

Age

Four chi-square tests of independence were conducted to examine the association between the child’s age (preschool and elementary school = younger, middle and high school = older) and if the parent or school’s focus of education is on life skills or inclusion. There was not a significant association between child’s age and parent focus on inclusion, $\chi^2(1) = 0.62$, $p = 0.43$, nor was there a significant association between

child's age and school focus on inclusion, $\chi^2(1) = 2.43, p = 0.12$. A significant relationship, however, was revealed between child's age and if the parent was focused on life skills, $\chi^2(1) = 15.89, p < .01$. 5% of the parents of younger children wanted their child's education to be focused on life skills, whereas 44.1% of the parents of older children preferred their child's focus of education to be on life skills. A significant relationship was also found between child's age and if the school focused on life skills, $\chi^2(1) = 19.50, p < .01$. Just as in the previous test, 5% of parents of the younger children reported the school focusing on life skills for their child, whereas 50% of parents of older children reported the school focusing on life skills for their child.

IEP Meetings

The sample was split into two groups: parents who reported they led the IEP meeting discussion, and parents who reported that a school representative led the IEP meeting discussion. One independent sample *t*-test reported that when parents led the IEP discussion, there was no significant difference in their parental perception of involvement ($M = 6.79, SD = 0.43$) than when a school representative led the discussion ($M = 6.44, SD = 0.93$), $t(71) = -1.35, p = 0.18, d = 0.48$. A second independent samples *t*-test revealed no significant difference in IEP involvement scores when parents were the discussion leaders ($M = 5.99, SD = 0.95$) compared to when the school led the discussion ($M = 5.74, SD = 0.82$), $t(71) = -1.01, p = 0.32, d = 0.29$.

A bivariate regression analysis was conducted in which the IEP involvement score was regressed on parental perception of involvement, $F(1, 73) = 2.22, p < .05, \text{adj. } R^2 = 0.02$. This analysis demonstrated that parental perception of involvement did not significantly predict the parent's involvement at IEP meetings ($\beta = 0.17, p = 0.14$),

therefore the conclusion cannot be made that those that perceive themselves to be more involved are in fact more involved at IEP meetings.

Communication

A bivariate regression analysis showed that parental perception of involvement did not significantly predict communication with the general education teacher, $F(1, 46) = 0.02, p > .05, \text{adj. } R^2 = 0.02$, nor did it significantly predict communication with the special education teacher $F(1, 69) = 0.003, p > .05, \text{adj. } R^2 = 0.00$. Therefore, we cannot conclude that those that perceive themselves to be more involved communicate more with their child's teacher.

Satisfaction

The final step in this analysis involves comparing these various measures to parental satisfaction with certain factors of their child's education, as shown in Table 3. Parental perception of involvement is significantly correlated with satisfaction with the amount of time the child spends in a regular education setting ($r = 0.27, p = 0.02$), such that the more involved a parent perceives themselves to be the more satisfied they are with the time their child spends in the regular education setting. Parental perception of involvement is not significantly correlated with the belief that their child is benefiting ($r = -0.13, p = 0.27$), with the satisfaction the parents have with the outcome of the last IEP meeting ($r = 0.19, p = 0.11$), and with the satisfaction the parents have with the amount of services the child is receiving ($r = 0.18, p = 0.13$).

The IEP involvement score of the parent is significantly correlated with the parent's belief that the child is benefiting from their education ($r = -0.24, p = 0.04$), with the parent's satisfaction with the amount of time their child spends in a regular education

setting ($r = .28, p = 0.02$), and with the parent's satisfaction with the services the child is receiving ($r = .58, p < 0.01$), and with the parent's satisfaction with the outcome of the last IEP meeting ($r = 0.58, p < 0.01$).

Discussion

These results reveal a significant relationship between the child's age and the parent focus on life skills as well as the school focus on life-skills, implying that parents and schools are generally aligned in wanting and providing a life-skills focused education for older children than younger children. There was no relationship found between the child's age and the parent or school's focus on inclusion. Since parents and teachers are clearly not aligned when it comes to providing an education focused on inclusion, it is evident that the needs of the child change depending on his or her age.

The needs of the child change not only depending on their age, but may also depend on the capacity the individual child has to maintain previously learned skills as they mature, as is supported by the Hughes et al. (1999) study in which the high school age children were still having trouble being socially included. While the parents and schools in this study preferred a life-skills focused education for their older children, it may not be in the child's best interest depending on his or her age and skill maintenance.

Since no significant differences were found between the parent as discussion leader of the IEP meeting or school personnel as discussion leaders of the IEP meeting in both the parental perception of involvement variable and the IEP involvement score, leading the IEP discussion is not necessarily very important to active parental involvement.

Parental perception of involvement does not significantly predict active IEP meeting involvement, so a parent believing he or she is highly involved in their child's education does not necessarily lead to actual involvement in the IEP meeting. Also, parental perception of involvement did not significantly predict more communication with either the general education teacher or the special education teacher, meaning a parent who perceives themselves as more involved in their child's education does not necessarily lead to the parent communicating more frequently with their child's teacher. Frequent communication with the general education teacher or the special education teacher is not necessarily important to active parental involvement.

These findings imply that what parents perceive is happening is not actually happening. The belief that parents hold that they are involved in their child's education is not associated with actual frequent involvement in terms of communicating with their child's teachers, active participation at IEP meetings, or even in leading the discussion of the IEP meeting. There is a clear disconnect occurring between perception and reality.

Parents must be involved in other ways that lead them to perceive themselves to be more involved than they are in the terms measured in this study. Cone, Delawyer, and Wolfe (1985) comment on several methods through which the parent can be involved with their child's education, whether it be transporting the child, contact with the teacher and school, joining advocacy groups, or educational activities at home or school. Parents may be associating their general feelings of caring and loving their child with being involved in their child's education. With a special needs child, personal care of the child can often be very time consuming (Macmillan & Turnbull, 1983), so another degree of involvement a parent can take in his or her child's education is to care for the child, make

sure he or she is fed, dressed, and ready to go to school, pack a lunch for the child, administer medication for the child, drive the child to school, pick the child up, etc. Leaving the actual educational plan and schooling decisions up to the “experts” of the schools may be a relief for some parents. However, a more active involvement role of parents has several benefits.

Active involvement in the IEP meeting is associated with more satisfaction with the outcome of the last IEP meeting held for the child, more satisfaction with the time the child spends in a regular education setting, more satisfaction with the services the child is receiving, and an overall belief that the child is benefiting from the education he or she is receiving. On the other hand, parental perception of involvement is associated with satisfaction with the amount of time the child spends in a regular education setting, but is not associated with parental satisfaction of the services the child is receiving, satisfaction with the outcome of the last IEP meeting held for the child, or the overall belief that his or her child is benefiting from their education. Therefore, active involvement in the IEP meeting clearly leads to parental satisfaction in more aspects of the child’s education than parental perception of involvement does.

In an environment filled with paperwork, rules and regulations, different roles for different school personnel, and other potential bureaucratic hassles, the individualized nature of the IEP meetings allows for the chance for parents to help the school understand the best way to educate their child. Based on these results, the parent does not need to lead the IEP discussion, or communicate on a frequent basis with his or her child’s teachers, or even perceive him or herself to be highly involved in their child’s education in order to be satisfied or see that their child is benefiting from their education. What will

result in seeing these benefits and feeling satisfied is an active role taken at the IEP meeting, along with collaboration on the educational plan for the child depending on his or her age, all with the goal of understanding the best way to educate the child.

Strengths and Weaknesses

This study aimed to collect quantitative data from a large sample size of differing disabilities, ages, and school districts in order to make broader generalizations about the differing degrees of parental involvement in special education than previous research has allowed. The case studies of previous research in the area (Meyers & Blacher, 1987; Goepel, 2009; Coots, 2007; Spann et al., 2003; Stoner et al., 2005) allow the argument to be made that their findings could just be isolated incidents in only one school district, or with a small sample size of children with the same disability. The findings from this study attempt to generalize across ages and school districts, and across multiple disabilities that tend to be considered more severe.

As seen in Table 2, the disability category most represented in this study is that of Multiple Disabilities (47%, $n = 36$). This is not representative of the special education population as a whole, as the latest national report from the Office of Special Education Programs (2003) shows that only 2.2% of students receiving special education services is diagnosed in the multiple disabilities category. While this could be considered a weakness of the present study, it could also be considered a strength because the study reached a more rare population in special education research.

Upon analysis, some weaknesses were found in the survey methodology. Some questions could have been worded differently to make them clearer, and eliminating the

“other” option at the end of the multiple-choice responses may have benefited analysis as well.

Future Directions

Future studies of this nature should seek to widen the range of ages and severity of disabilities included, as well as incorporate more geographical regions in order to allow for generalizability across school districts. This will also help contribute to the possible significance of the discussion leader *t*-tests as well as the communication with school personnel correlations.

Based on the non-significance of some of these findings, future research should also compare more levels of parental involvement (i.e. personal care for the child, communication logs between the parent and school, amount of services received, etc.) to the parent’s perception of their involvement and to their levels of active IEP involvement. The results showed that what may have been considered primary paths of involvement parents could access: communication with teachers, leading IEP discussions, and simple perception of being involved, did not mean actual IEP involvement for these parents. Future researchers should explore other means than those operationalized in this study in which parents consider themselves to be involved.

Lastly, it is clear that the LRE environment to the child and the method of inclusion are different for each child depending on the disability of the child. A step future research can take is to connect this idea to the effectiveness of the services received and the parent’s role in obtaining and maintaining these services.

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Table 1

Frequencies of Race of Child, Gender of Child, School Type, Educational Situation, and Services Received

Category	Number	Percentage
Race of Child		
American Indian/Alaska Native	2	2.6
Black/African American	1	1.3
White	67	88.2
Hispanic/Latino	4	5.3
Gender of Child		
Male	43	56.6
Female	33	43.3
School Type		
Public	64	84.2
Private	7	9.2
Educational Situation		
General Education class with no aide	7	9.2
General education class with an aide	10	13.2
Mainstreamed	23	30.3
Self-contained special education class	21	27.6
Homebound	2	2.6
Inclusion and resource room support	3	3.9
Other	9	11.8
Services Received		
Speech Therapy	55	72.4
Occupational Therapy	50	65.8
Physical Therapy	33	43.4

Table 2

Special Education Diagnosis of Participant's Children

Category	Number	Percentage
Learning Disability	3	3.9
Speech or Language Impairment	2	2.6
Mental Retardation	5	6.6
Emotional Disturbance	1	1.3
Autism	6	7.9
Multiple Disabilities	36	47.4
Developmental Delay	9	11.8
Hearing Impairment	0	0
Orthopedic Impairment	2	2.6
Visual Impairment	0	0
Traumatic Brain Injury	0	0
Deaf and Blindness	0	0
Other Health Impairment	11	14.5

Table 3

Comparison of Parental Perception of Involvement and IEP Involvement Score Correlations

Variable	Parental Perception of Involvement	IEP Involvement Score
Is child benefiting from education?	-.13	-.24*
Satisfaction with outcome of last IEP meeting	.19	.58*
Satisfaction with time child spends in regular education setting	.27*	.28*
Satisfaction with services child is receiving	.18	.58*

* $p < .05$

Appendix

The following is the text format of the online survey questions:

Please answer the following questions regarding your child that is receiving special education services. If you have more than one child receiving special education services, please pick the oldest child that is receiving these services and is still under the age of 21.

In general, questions are in multiple-choice format. Please select one answer, and, when indicated, please check all that apply. Most questions include an “Other” option, which is followed by a blank text box. Please feel free to elaborate or explain your answer in this space if a given answer choice does not adequately describe your response to the question.

What is your child’s:

- Date of Birth: (blank text box)
- Gender:
 - Male
 - Female
- Race:
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - Hispanic or Latino
 - Other
- What type of school does your child attend?
 - Public
 - Private
- At what age was your child first diagnosed into special education?
 - (blank text box)
- What was your child’s first special education diagnosis?
 - Learning Disability
 - Speech or Language Impairment
 - Mental Retardation
 - Emotional Disturbance
 - Autism
 - Multiple Disabilities
 - Developmental Delay
 - Hearing Impairment
 - Orthopedic Impairment
 - Visual Impairment
 - Traumatic Brain Injury
 - Deaf and Blindness
 - Other Health Impairment

- Is this your child's current special education diagnosis?
 - Yes
 - If no, then please indicate the current diagnosis:
 - Learning Disability
 - Speech or Language Impairment
 - Mental Retardation
 - Emotional Disturbance
 - Autism
 - Multiple Disabilities
 - Developmental Delay
 - Hearing Impairment
 - Orthopedic Impairment
 - Visual Impairment
 - Traumatic Brain Injury
 - Deaf and Blindness
 - Other Health Impairment
- Please choose the statement that best describes your child's current special educational services:
 - In a general education classroom without an instructional aide
 - With the help of an instructional aide in a general education classroom
 - In a mainstreamed environment (part of the day in a general education classroom, part of the day in a special education classroom)
 - In a self-contained special education class
 - Other:
- How many years has your child been receiving these special education services?
 - (blank text box)
- Does your child receive other services provided by the school district? Please check all that apply:
 - Speech Therapy
 - In what year did these services begin?
 - (blank text box)
 - Occupational Therapy
 - In what year did these services begin?
 - (blank text box)
 - Physical Therapy
 - In what year did these services begin?
 - (blank text box)
 - Other
 - In what year did these services begin?
 - (blank text box)
- Does your child have a medical diagnosis in addition to his/her special education diagnosis (e.g. ADHD, Williams Syndrome, etc)?
 - No
 - Yes: (blank text box)
- Overall, how involved are you with your child's education on a scale of 1 to 7?
 - 1 – Not involved at all

- 2
- 3
- 4
- 5
- 6
- 7 – Very Involved

Parent's Priorities

- What would you say is the **school's** current focus of your child's education? Please select the one area of your child's education that you feel the **school** focuses on the most.
 - Inclusion – encouraging your child to interact with their peers, improving the social skills of your child, etc
 - Life Skills – learning how to grocery shop, learning various job skills, preparing the child for the transition to life after school
 - Academic – getting the child to the same level as their peers in academic subject areas such as math and reading
 - Behavioral – decreasing challenging behaviors, improving your child's behavior in the classroom, etc
 - Other:
- What do **you** want the school's focus of your child's education to be? Please select the one area that **you** feel should be the focus of your child's education.
 - Inclusion – encouraging your child to interact with their peers, improving the social skills of your child, etc
 - Life Skills – learning how to grocery shop, learning various job skills, preparing the child for the transition to life after school
 - Academic – getting the child to the same level as their peers in academic subject areas such as math and reading
 - Behavioral – decreasing challenging behaviors, improving your child's behavior in the classroom, etc
 - Other:
- How often does your child interact with general education peers?
 - Daily
 - Weekly
 - Monthly
 - Never
 - Other:
- How often does your child receive instruction in the community designed to teach him/her life-skills for the transition to life after school?
 - Daily
 - Weekly
 - Monthly
 - Never
 - Other:
- Do you believe your child is benefiting from the educational services he or she is receiving?

- No
- Yes
 - If yes, in what ways are they benefiting? Please check all that apply.
 - Improved academic performance
 - Improved social skills
 - Reduction in negative behavior
 - Acquisition of vocational or life-skills
 - Other:

Communication

- Does your child have a general education teacher?
 - No
 - If yes:
 - How often do you communicate with your child's General Education teacher?
 - Daily
 - Weekly
 - Monthly
 - Yearly
 - Only at IEP meetings
 - How do you communicate most often with your child's General Education teacher?
 - Face to face conversation
 - Write in a shared journal
 - Email
 - Phone
 - Other
 - What is the nature of the communication with your child's General Education teacher? Please check all that apply.
 - Share information
 - Discuss and solve problems
 - Address conflicts
 - Discuss the child's progress
 - Other
- Does your child have a Special Education teacher?
 - No
 - If yes:
 - How often do you communicate with your child's Special Education teacher?
 - Daily
 - Weekly
 - Monthly
 - Yearly
 - Only at IEP meetings

- How do you communicate most often with your child's Special Education teacher?
 - Face to face conversation
 - Write in a shared journal
 - Email
 - Phone
 - Other
 - What is the nature of the communication with your child's Special Education teacher? Please check all that apply.
 - Share information
 - Discuss and solve problems
 - Address conflicts
 - Discuss the child's progress
 - Other
- Do you communicate with your child's Principal about your child's special education services?
 - No
 - If yes:
 - How often do you communicate with your child's Principal?
 - Daily
 - Weekly
 - Monthly
 - Yearly
 - Only at IEP meetings
 - How do you communicate most often with your child's Principal?
 - Face to face conversation
 - Write in a shared journal
 - Email
 - Phone
 - Other
 - What is the nature of the communication with your child's Principal? Please check all that apply.
 - Share information
 - Discuss and solve problems
 - Address conflicts
 - Discuss the child's progress
 - Other
- Does your child have a Resource Specialist?
 - No
 - If yes: (if your child has more than one resource specialist please select the one you communicate with the most).
 - How often do you communicate with your child's Resource Specialist?
 - Daily
 - Weekly
 - Monthly
 - Yearly

- Only at IEP meetings
 - How do you communicate most often with your child's Resource Specialist?
 - Face to face conversation
 - Write in a shared journal
 - Email
 - Phone
 - Other
 - What is the nature of the communication with your child's Resource Specialist? Please check all that apply.
 - Share information
 - Discuss and solve problems
 - Address conflicts
 - Discuss the child's progress
 - Other
- Does your child have an aide?
 - No
 - If yes:
 - How often do you communicate with your child's aide?
 - Daily
 - Weekly
 - Monthly
 - Yearly
 - Only at IEP meetings
 - How do you communicate most often with your child's aide? Please check all that apply.
 - Face to face conversation
 - Write in a shared journal
 - Email
 - Phone
 - Other
 - What is the nature of the communication with your child's aide? Please check all that apply.
 - Share information
 - Discuss and solve problems
 - Address conflicts
 - Discuss the child's progress
 - Other

IEP Involvement

- In general, what is the frequency of your child's IEP meetings?
 - Monthly
 - Yearly
 - Every two years
 - Every three years
 - Other

- How often do you attend IEP meetings held for your child?
 - Every time one is held
 - Occasionally
 - Never
 - Other
- Who usually attends the IEP meetings concerning your child? Please check all that apply.
 - The General Education teacher
 - The Special Education teacher
 - Principal
 - Resource Specialists
 - School Psychologist
 - Guidance Counselor
 - You (parent or caregiver)
 - Other

Please think back to all previous IEP meetings you have attended for your child:

- Over all, in the past IEP meetings held for your child, who guided the discussions about what educational services your child would receive?
 - The General Education teacher
 - The Special Education teacher
 - Principal
 - Resource Specialists
 - School Psychologist
 - Guidance Counselor
 - You (parent or caregiver)
 - Other
 - I have not attended any of my child's IEP meetings
- Please rate how positive or negative the relations were between you and the school in general at past IEP meetings that you have attended for your child:
 - 1 – Very negative
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7 – Very positive
- Please rate your level of agreement with the following statements on a scale from 1 (strongly disagree) to 7 (strongly agree):
 - I am satisfied with the level of special education services that my child is receiving.
 - I am satisfied with the amount of time my child spends in a regular education setting.
 - I was satisfied with the outcome of the last IEP meeting I attended.

Please think back to all previous IEP meetings in general that you have attended for your child and rate your level of agreement between 1 (strongly disagree) and 7 (strongly agree) with the following statements:

- ☐ The school staff included me in the discussions around my child.
- ☐ I did not help make the decisions regarding my child's educational services.
- ☐ I am satisfied with the amount of input I had in the discussions surrounding my child.
- ☐ The school staff suggested what services my child should receive.
- ☐ The school staff rarely allowed for my input in the IEP process.
- ☐ I offered information about my child and how he/she learns best.
- ☐ I was one of the individuals making decisions about my child.
- ☐ I did not communicate the concerns I had during the IEP meeting.
- ☐ I expressed what services I would like my child to receive.
- ☐ I am aware of what is written in my child's IEP.

Parent Demographics

- What is your date of birth? (blank text box)
- Please indicate the category that corresponds to your yearly household income:
 - ☐ \$0-\$50,000
 - ☐ \$50,000-\$100,000
 - ☐ \$100,000-\$150,000
 - ☐ \$150,000-\$200,000
 - ☐ Over \$200,000
- What is your marital status?
 - ☐ Married
 - ☐ Divorced
 - ☐ Single, Divorced
 - ☐ Single, Never Married
 - ☐ Single, Widowed/Widowed
- What is your race?
 - ☐ American Indian or Alaska Native
 - ☐ Asian
 - ☐ Black or African American
 - ☐ Native Hawaiian or Other Pacific Islander
 - ☐ White
 - ☐ Hispanic or Latino
 - ☐ Other
- What is your gender?
 - ☐ Male
 - ☐ Female
- Please indicate your highest level of education:
 - ☐ Some high school
 - ☐ High school graduate
 - ☐ Some college
 - ☐ Associate's Degree

- Bachelor's Degree
 - Graduate Degree
- What is your relationship to the child?
 - Biological parent
 - Step-parent
 - Adopted parent
 - Biological grandparent
 - Other: (blank text box)

Thank you very much for your participation! If you have any questions, please email the researcher at mharvey11@cmc.edu.